

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	IL NO.	DATE
FEE DETERMINATION	MC	19	03/15-01
O.I.P.E. CLASSIFIER		920	4/3
FORMALITY REVIEW	MM		05-11-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	1/14/01
2	6/4/01
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
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10	✓
11	✓
12	✓
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If more than 150 claims or 10 actions  
 staple additional sheet here

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